PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

OCHEDINO.

Effective November 10, 1998							076	141	UYD	
(Column 1) (Column 2)							ENTITY	OR	OTHER SMALL	
FO	DR .	NUMBER	R FILED	NUMBER E	EXTRA	RATE	FEE	 [RATE	FEE
BA	SIC FEE						380.00	OR		760.00
TOTAL CLAIMS minus 20= *					X\$ 9=		OR	X\$18= {	No	
INDEPENDENT CLAIMS					X39=		OR	X78=	ULAB	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If	the difference in	olumn 2	TOTAL		OR	TOTAL	1354			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER THAN SMALL ENTITY OR SMALL ENTITY				
MENDMENT A.		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total		Minus	**	=	X\$ 9=		OR	X\$18=	
ME			Minus	***	=	X39=		OR	X78=	
 	FIRST PRESEN	NTATION OF ML	JLTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL	-	┨ _╱ ╌╵	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)					ADDIT. FEE			APPII. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**	= .	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	=	X39=		OR	X78=	
otin oti	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT CLAIM	<u> </u>	+130=		OR	+260=	
						TOTAL	 		TOTAL	-
		(Caluma 4)		(Column 0)	(Column 3)	ADDIT. FEE	· L	-	ADDIT. FEE	
U	,	(Column 1) CLAIMS REMAINING	2	(Column 2) HIGHEST NUMBER	PRESENT		ADDI-	1		ADDI-
Į.		REMAINING AFTER AMENDMENT	•	PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL FEE		RATE	TIONAI FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	T
MEA	Independent	*	Minus	***	=	X39=		OR	X78=	1
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM	VI		 	1		+
	If the cate '	nn 1 ie lees the co	Ja anthu in - 1	umn 2, write "0" in c	olumn 3	+130=		OR	+260=	
**	* If the "Highest Nur	mber Previously Pa	aid For" IN TH	umn 2, write "0" in c IIS SPACE is less th IIS SPACE is less th	nan 20, enter "20."	ADDIT. FEE		OR	TOTAL ADDIT. FEE	<u>:</u>
	The "Highest Num	iber Previously Pa	id For" (Total o	or Independent) is th	ne highest number	found in the ap	propriate bo	ox in cc	olumn 1.	

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09447443

Total Fee Calculation

A CHAILA GO CHICALITICE							
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee = Total	
	Sm./Lg.	•			Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101	~ O :	~		<u>380</u>	160 - 100	
Total Claims >20	203/103	<u>3</u> -	20 =	x	$\frac{q}{2}$	157 - 100	
Independent Claims >3	202/102		-3 = 6	x	39	18 - 4108	
Mult. Dep Claim Present	204/104				<u>130</u>	<u> 400 - 122</u>	
Surcharge	205/105				<u>65</u>	130 - 130	
English Translation	139					***************************************	
TOTAL FEE CALCULA	ATION					1484	
Fees due upon filing t	the application:	:					
Total Filing Fees Due	;= \$		1484				
Less Filing Fees Subr	nitted -\$		245				
RALANCE DIFE	= \$		(189	•			

FORM OIPE-RAM-01 (Rev. 12/97)

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